



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219
www.dmas.virginia.gov

MEDICAID MEMO

TO: All Providers Participating in the Virginia Medical Assistance Services Program

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 12/14/15

SUBJECT: Information for Providers on the Proposed Transition from CCC to MLTSS

The purpose of this memorandum is to provide follow-up information on the Commonwealth Coordinated Care (CCC) and Medicaid Managed Long Term Services and Supports (MLTSS) initiative proposed by the Department of Medical Assistance Services (DMAS), specifically, the Commonwealth Coordinated Care (CCC) program. Throughout the summer, DMAS has been looking at a variety of strategies to transition approximately 107,000 fee-for-service (FFS) Medicaid enrollees, the majority of whom receive long term services and supports (LTSS), into a coordinated and integrated managed care program. As mentioned in the September notice to Medicaid Stakeholders about MLTSS, DMAS has determined the most efficient and effective way to implement MLTSS is to leverage the strengths from the CCC program and transition successful CCC program components and members into the MLTSS Program.

Consistent with Virginia General Assembly directives in years 2011 through 2015, over the next couple of years, DMAS will transition the majority of the remaining Medicaid fee-for-service (FFS) populations into a managed long term services and supports (MLTSS) program. DMAS intends to launch a mandatory MLTSS Program that provides a coordinated system of care that focuses on improving quality, access, and efficiency.

Virginia was one of the first states in the nation to implement the Centers for Medicare and Medicaid Services (CMS) Financial Alignment Demonstration blending Medicare and Medicaid into one managed care health plan. When the CCC Demonstration launched in March of 2014, it did so with the primary goal of improved health outcomes through more coordinated care. CCC has allowed Virginia the unique opportunity to integrate health care services and supports for individuals who receive both Medicare and Medicaid, and was the first opportunity beyond the PACE model for Virginia to coordinate services for beneficiaries with LTSS under a managed care program.

Virginia has been recognized as both a pioneer and a model state for its efforts under CCC. CCC activities in the areas of systems integration, contract and quality monitoring, outreach, and

program evaluation have been nationally recognized as best practices, and DMAS is committed to continued progress and ongoing program improvement. By demonstration design, CCC cannot be expanded to include the additional Medicaid populations directed by the General Assembly; therefore, DMAS is preparing to transition CCC enrollees and the CCC eligible population into the MLTSS Program effective January 1, 2018 (non-CCC individuals will begin enrolling in mid-2017).

The experience with CCC has better prepared Virginia for managing additional populations under the MLTSS umbrella. **DMAS' strategy for a successful MLTSS implementation includes increasing support for existing CCC infrastructure to ensure that all providers and systems are prepared and have the experience necessary to interact successfully under MLTSS.** Additionally, DMAS will continue the collaborative efforts with the Medicare-Medicaid Plans (MMPs) and continue to make operational improvements and promote best practices with care coordination. The next two years will give DMAS, the MMPs and the provider community the opportunity to leverage the strengths of the CCC program and provide the time needed to address any challenges before MLTSS implementation. **For these reasons, the CCC program's continued success is critical to the future success of MLTSS.** These efforts, the CCC beneficiary experience, and provider and stakeholder input will directly inform strategies for transitioning the dually eligible and complex care populations into MLTSS.

MLTSS will incorporate the most valuable elements of the CCC program across populations. DMAS plans to maintain the same program goals and components of the CCC program for dual eligible individuals going forward in order to provide the least disruption and most seamless transition for dual eligible members and their families.

MLTSS will promote the same goals as CCC:

- Provide high-quality, person-centered care
- Reduce fragmentation
- Improve the health and lives of enrolled individuals
- Reduce the need for avoidable services, such as hospitalization and emergency room use
- Encourage individual participation in treatment decisions, and support the goal of providing treatment in the least restrictive, most integrated setting

DMAS and the MMPs have made significant strides in operationalizing a coordinated, integrated model of care for dual eligible individuals. As challenges arose within the CCC program, the outlined goals drove improvements to service delivery and business practices throughout the demonstration's implementation period. The progress and achievements made in the last year would have not been possible without the significant efforts of CCC stakeholders, DMAS staff, providers, and participating MMPs. DMAS plans to continue this progress as we transition from CCC into MLTSS.

Virginia is working to meet the timeline established by the General Assembly to bring all Medicaid populations within managed care and it is now more important than ever for individuals and providers to engage with DMAS to explore the CCC experience and determine what parts of the CCC experience need to transition into MLTSS. Continued engagement in CCC provides beneficiaries and providers the opportunity to experience and shape a unique and innovative care coordination model, and stakeholder feedback will significantly influence future

MLTSS Program design and implementation strategies. DMAS is interested to hear from providers: what is working well, what is challenging, and suggestions for improvements; especially regarding ways to improve service capacity and delivery, data sharing for care coordination and value based payment models, and any other recommendations that align with Virginia's program goals to improve quality, access, and efficiency.

The Secretary of Health and Human Resources recently conducted a phone conference to discuss the proposed transition from CCC to MLTSS. A recording of Secretary Hazel's comments and the open Q&A session is available on the DMAS website: http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx.

Ongoing stakeholder engagement is necessary for this transition and DMAS will continue to communicate information about CCC and MLTSS through regular Stakeholder Advisory Committee Meetings and published program updates. This notice and future updates regarding the MLTSS Program will be posted on the DMAS MLTSS webpage: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

DMAS recognizes providers may receive questions about this transition. In an effort to help providers answer these questions, DMAS will post talking points for providers to discuss the CCC transition with CCC enrollees.

DMAS values stakeholder feedback on proposed initiatives for MLTSS. If you or your organization would like to submit comments, please send them to VAMLTSS@dmas.virginia.gov. On behalf of all individuals who benefit from Virginia's Medicaid programs, DMAS thanks providers and advocates for your dedication and continued service.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid

Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.viriniamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

KEPRO PROVIDER PORTAL

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"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.